

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-935)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7	1		1		1		57						
8		1		1		1	58						
9		1		1		1	59						
10		1		1		1	60						
11		3		3		3	61						
12		3		3		3	62						
13		3		3		3	63						
14		3		3		3	64						
15		3		3		3	65						
16		3		3		3	66						
17		3		3		3	67						
18							68						
19							69						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			0		2		TOTAL IND.						
TOTAL DEP.			35		35		TOTAL DEP.						
TOTAL CLAIMS			35		37		TOTAL CLAIMS						